

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

37 OCT 25 PM 4:09

DOCUMENT # F49590

1. Corporation Name

BIG CONNECTION, INC.

2. Principal Office Address - No P.O. Box #

9000 68th Street North

Suite, Apt. #, etc.

3. Mailing Office Address

9000 68th Street North

Suite, Apt. #, etc.

City & State

Pinellas Park, Florida

City & State

Pinellas Park, Florida

Zip

34666

Country

USA

Zip

34666

Country

USA

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

10/13/1981

5. FEI Number

59-2201985

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

James H. Swanson

Street Address (P.O. Box Number is Not Acceptable)

9000 68th Street North

Suite, Apt. #, Etc.

City

Pinellas Park

State

FL

Zip Code

34666

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

James H. Swanson

Date

10/17/07

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PSTD	James H. Swanson	One Beach Drive #2511	St. Petersburg, FL 33701

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

James H. Swanson
James H. Swanson

Date

10/17/07

727 388 0717

Daytime Phone #